

Work Order ID 76271

76271

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Tuesday, November 08, 2011 1:27:38 PM

Item ID: D3636-041 Accept ***N900040100*** Setup Start ***NS1***
 Revision ID: Stop ***NS2***
 Item Name: Shoulder Harness
 Start Date: 11/8/2011 Start Qty: 4.00 ***4*** Cust Item ID:
 Required Date: 11/22/2011 Req'd Qty: 4.00 ***4*** Customer:
 Reference:

Approvals: Process Plan: M.C.J. Date: 11/11/08 Tooling: _____ Date: _____
 QC: _____ Date: _____ SPC (Y/N): _____ Date: _____
 Run Start ***NR1***
 Stop ***NR2***

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
--------------------------------	--------------------------	----------------------	---------	--------	--------------	---------------	---------------	------------------	----------------

Draw Nbr	Revision Nbr
D3636	Rev B

100 PURCHASING 0.00
100
 Purchasing Memo 0.00
 Purchasing Issue P/O: 15415
 Purchase Part Number: P/N 3104-1-061-2396 Supplier:
 AMSAFE INC., PHOENIX, ARIZONA
 Certificate of conformity is required

110 Receive & Inspect for Damage & Mat'l Certs 0.00
110
 Packaging Memo 0.00
 Packaging Ensure certificate of conformity is attached

120 QC6- Inspect dimensions to drawing 0.00
120
 QC Memo 0.00
 Quality Control

11-11-10
11/12/08 (4)
11 12 . 02 (4)

W/O:		WORK ORDER CHANGES					
DATE	STEP	PROCEDURE CHANGE	By	Date	Qty	Approval Chief Eng / Prod Mgr	Approval QC Inspector

Part No: _____ PAR #: _____ Fault Category: _____ NCR: Yes No DQA: _____ Date: _____

Resolution: _____ Disposition: _____ QA: N/C Closed: _____ Date: _____

NCR:		WORK ORDER NON-CONFORMANCE (NCR)						
DATE	STEP	Description of NC Section A	Corrective Action Section B			Verification Section C	Approval Chief Eng	Approval QC Inspector
			Initial Chief Eng	Action Description Chief Eng	Sign & Date			

NOTE: Date & initial all entries

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 Required Date: 11/22/2011 Req'd Qty: 4.00 ***4*** Customer:

Reference:

Approvals: Process Plan: _____ Date: _____ Tooling: _____ Date: _____ Run Start ***NR1***
 QC: _____ Date: _____ SPC (Y/N): _____ Date: _____ Stop ***NR2***

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
130	Identify as per dwg & Stock Location: <i>ST 266</i>	0.00							
130									
Packaging	Memo	0.00							
Packaging									
140	QC21- Final Inspection - Work Order Release	0.00							
140									
QC	Memo	0.00							
Quality Control									

(4K) 8011-12-05

11/12/5

MF 11-12-05

W/O:		WORK ORDER CHANGES					
DATE	STEP	PROCEDURE CHANGE	By	Date	Qty	Approval Chief Eng / Prod Mgr	Approval QC Inspector

Part No: _____ PAR #: _____ Fault Category: _____ NCR: Yes No DQA: _____ Date: _____

Resolution: _____ Disposition: _____ QA: N/C Closed: _____ Date: _____

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NOTE: Date & initial all entries

Picklist Print

Tuesday, November 08, 2011 1:27:43 PM

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Work Order ID: 76271

76271

Parent Item: D3636-041

D3636-041

Parent Item Name: Shoulder Harness

Start Date: 11/8/2011

Required Date: 11/22/2011

Start Qty: 4.00

Required Qty: 4.00

Comments: IPP Rev:A revA as per dwg 08-01-09 DD verified by LL 08/01/09

Component Item ID/ Item Name	Replacement Item ID	Mfg/ Purch	Bin Item	Primary Location	Last Location	Route Seq ID	Unit of Measure	Qty on Hand	Qty per Kit	Total Qty	Qty Issued	Date Issued	Status
D3636-041P		Purchased	No			110	Each	0.0000	1	4			
D3636-041P									**				
Shoulder Harness													

Signature
11/10/2011

W/O:		WORK ORDER CHANGES					
DATE	STEP	PROCEDURE CHANGE	By	Date	Qty	Approval Chief Eng / Prod Mgr	Approval QC Inspector

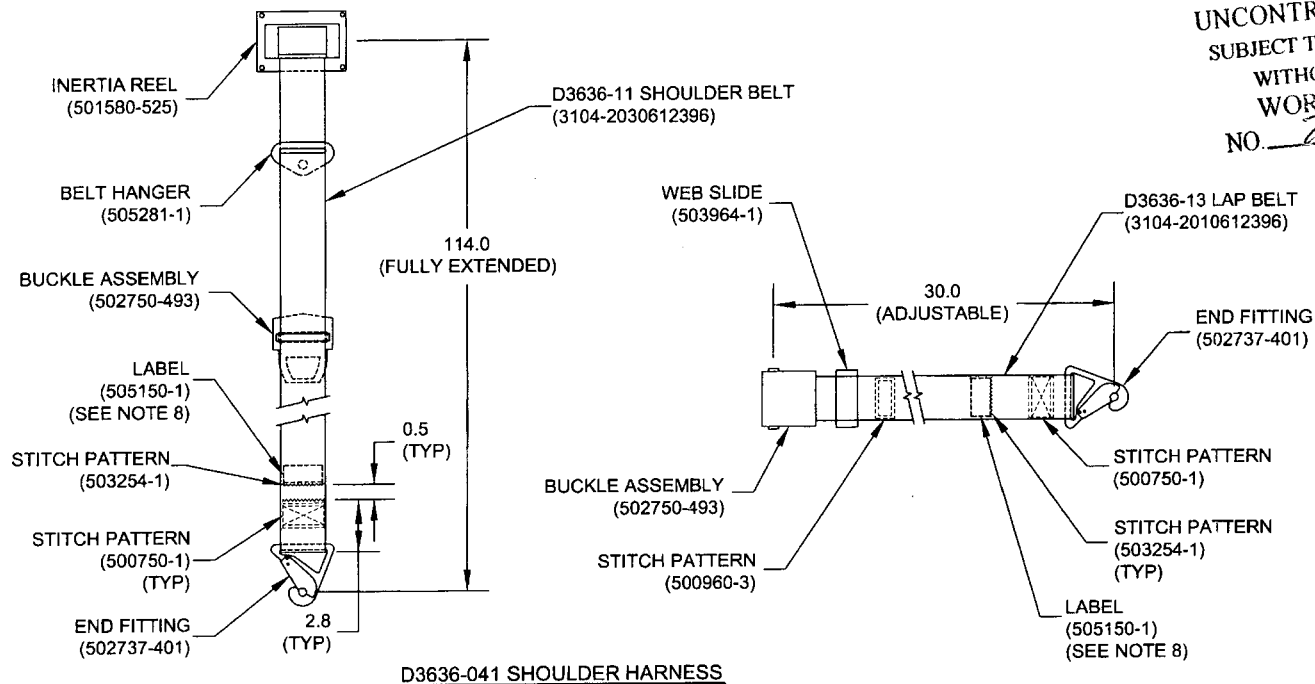
Part No: _____ PAR #: _____ Fault Category: _____ NCR: Yes No DQA: _____ Date: _____

Resolution: _____ Disposition: _____ QA: N/C Closed: _____ Date: _____

NCR:		WORK ORDER NON-CONFORMANCE (NCR)						
DATE	STEP	Description of NC Section A	Corrective Action Section B			Verification Section C	Approval Chief Eng	Approval QC Inspector
			Initial Chief Eng	Action Description Chief Eng	Sign & Date			

NOTE: Date & initial all entries

SPECIFICATION CONTROL DRAWING



SHOP COPY
RETURN TO
ENGINEERING
UNCONTROLLED COPY
SUBJECT TO AMENDMENT
WITHOUT NOTICE
WORK ORDER NO. *7624*

2111-08

RELEASED
07.11.14

NOTES:

- DESCRIPTION: 3-POINT SHOULDER HARNESS WITH LEVER STYLE BUCKLE AND CHROME HARDWARE PLATING
2" BLACK NYLON WEBBING, STYLE T1200-5 WHICH MEETS REQUIREMENTS OF TSO-C114
WITH MINIMUM STRENGTH OF 2500 LBS
- PURCHASE INFO: P/N 3104-1-061-2396 (D3636-041)
AMSAFE INC., PHOENIX, ARIZONA
- TOLERANCES: PER DART QSI 018 UNLESS OTHERWISE NOTED
- UNITS: INCHES UNLESS OTHERWISE NOTED
- BREAK SHARP EDGES: N/A
- IDENTIFICATION: N/A
- WEIGHT: 1.7 lbs
- LABEL TO INCLUDE: DART AEROSPACE P/N D3636-11/-13
(613) 632-3336

B	NEW HARNESS P/N'S; REFERENCE TSO-C114	LE	07.10.16
A	NEW ISSUE; REPLACES G10601	LE	07.07.27
REV.	DESCRIPTION	BY	DATE
DESIGN	CV		
DRAWN	LE		
CHECKED	PH		
MFG. APPR.	N/A		
APPROVED	<i>[Signature]</i>		
DE APPR.	<i>[Signature]</i>		
DATE	07.10.16		

DART AEROSPACE USA, INC	
PORT HADLOCK, WA	
DRAWING NO.	REV. B
D3636	SHEET 1 OF 1
TITLE	SCALE
SHOULDER HARNESS	NTS

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NOT TO BE USED FOR ANY PURPOSE OR COPIED OR COMMUNICATED TO ANY OTHER PERSON WITHOUT
WRITTEN PERMISSION FROM DART AEROSPACE USA, INC

W/O:		WORK ORDER CHANGES					
DATE	STEP	PROCEDURE CHANGE	By	Date	Qty	Approval Chief Eng / Prod Mgr	Approval QC Inspector

Part No: _____ PAR #: _____ Fault Category: _____ NCR: Yes No DQA: _____ Date: _____

Resolution: _____ Disposition: _____ QA: N/C Closed: _____ Date: _____

NCR:		WORK ORDER NON-CONFORMANCE (NCR)						
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			Initial Chief Eng	Action Description Chief Eng	Sign & Date			

NOTE: Date & initial all entries



Dart Aerospace Ltd.
1270 Aberdeen Street
Hawkesbury, ON K6A 1K7
Tel: 613 632 9577
Fax: 613 632 1053

PURCHASE ORDER

Purchase Order ID **PO15415**

Purchase Order Date 11/09/11

PO Print Date 11/11/11

Page Number 1 of 1

Order From :

VU-AMS001

AMSAFE INC.
LOCKBOX #5
P.O BOX 53075
PHOENIX, AZ 85072-3075
US

Contact Name

Vendor Phone

602 850 2850

Vendor Fax

602 850 2812

Vendor Account Nbr

Buyer

Brigitte Golden

Requisition Nbr

Tax Resale Nbr

10127-2607

Terms

Net 30

Currency

USD

FOB

Destination-Collect

Ship To :

DART AEROSPACE LTD

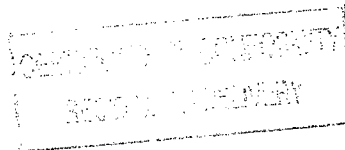
1270 ABERDEEN
HAWKESBURY, ON K6A 1K7
CANADA

Line Nbr	Reference Revision ID Vendor Part Number	Description/ Mfg ID	Req Date/ Taxable	Req Qty/ Unit of Measure	Ship Method	Unit Price	Extended Price
1	D3636-041P	Shoulder Harness	12/07/11 Yes	4.00 Each	FedEx PI collect	\$275.5800	\$1,102.32

Special Inst: As per DWG: D3636
Rev: B
B76271
P/N3104-1-061-2396

PO Total:

\$1,102.32



CL

No substitution or deviation without
consent.
Certificate of Conformity or Material
Certification required when applicable

Change Nbr: 3

Change Date: 11/11/11

AMSAFE**AMSAFE AVIATION**

1043 NORTH 47th AVENUE

PHOENIX, AZ 85043

PH (602)850-2850 FAX (602)850-2812

SHIPPER/CERTIFICATION

CUSTOMER NO.
10006113

SALES ORDER NO.
S221960

BOL NO.
000251309

DATE PRINTED
12/01/11

PAGE NO.
1

DART AEROSPACE
1270 ABERDEEN STREET
HAWKESBURY
ONTARIO, CANADA K6A 1K7
CanadaDART AEROSPACE LTD.
1270 ABERDEEN ST
HAWKSBURY,, ON K6A 1K7
Canada

CUSTOMER ORDER NO.
PO15415

TERMS
NET30

FREIGHT
COLLECT

SHIP VIA
FedEx P1 10:30 AM

F.O.B.
ORIGIN

Ship to ID: 10006125

Sales Order Remarks: 1517-9324-0
Remarks:

SHIPMENT REFERENCE 000251309

LINE	ITEM NUMBER / DESCRIPTION	DRAWING AND CERTIFICATIONS	DUE DATE	QTY ORDERED	QTY SHIPPED	QTY BACK ORDERED
1	Cust. Item No.: D3636041 3104-1-061-2396 REST SYS ASSY	DRAWING: 3104 REV: G CERT: TSO-C114 Lot/Serial Numbers Shipped Quantity S221960-1	2011-12-05	4	4	0

I certify that the article(s) listed above conform to all applicable design data, and (as applicable):

FAA PMA, FMVSS 209, FMVSS 302, 14 CFR 25.853, DFARS 252-225-7009**FAA TSO C22f, C22g, C114 or TSO Plus**

The conditions and tests required for TSO approval of the article(s) are minimum performance standards. It is the responsibility of those installing the article(s) either on or within a specific type or class of aircraft to determine that the aircraft installation conditions are within the standards applicable to the TSO article including (when applicable) the integrated non-TSO function. The non-TSO function is described as the seat belt airbag system including the inflator cable assembly and electrical components that have not been evaluated for functionality or installation requirements. TSO articles including the integrated non-TSO function must have separate approval for installation in an aircraft. The article(s) may be installed only if performed under 14 CFR part 43 or the applicable airworthiness requirements. Product shipped meets all material, processing and test requirements. Certifications/Test reports as applicable are retained on file at AmSafe Aviation.

AmSafe Authorized Signature: X Jesse OchoaPrinted Name: Jesse Ochoa

DEC 01 2011

Dated: / / **COUNTRY OF ORIGIN USA**

1. Approving National Aviation Authority/Country: FAA/United States		2. AUTHORIZED RELEASE CERTIFICATE FAA Form 8130-3, AIRWORTHINESS APPROVAL TAG				3. Form Tracking Number: 5761960-1/AK	
4. Organization Name and Address: AMSAFE, INC 1043 NORTH 47 TH AVE PHOENIX, AZ. 85043						5. Work Order/Contract/Invoice Number: S221960-1 0 PAGES ATTACHED	
6. Item:	7. Description:	8. Part Number:	9. Eligibility: *	10. Quantity:	11. Serial/Batch Number:	12. Status/Work:	
1	REST SYS ASSY	3104-1-061-2396	N/A	4	A1111	NEW	
13. Remarks: DRAWING: 3104 REV: G TSO: C114 <div style="text-align: center; font-size: 1.2em; margin-top: 20px;"> Customer # D3636041 EXPORT AIRWORTHINESS APPROVAL: THIS ARTICLE MEETS THE SPECIAL REQUIREMENTS OF CANADA </div>							
14. Certifies the items identified above were manufactured in conformity to: <input checked="" type="checkbox"/> Approved design data and are in a condition for safe operation. <input type="checkbox"/> Non-approved design data specified in Block 13.				19. <input type="checkbox"/> 14 CFR 43.9 Return to Service <input type="checkbox"/> Other regulation specified in Block 13 Certifies that unless otherwise specified in Block 13, the work identified in Block 12 and described in Block 13 was accomplished in accordance with Title 14, Code of Federal Regulations, part 43 and in respect to that work, the items are approved for return to service.			
15. Authorized Signature: 		16. Approval/Authorization No.: ODA 602112NM		20. Authorized Signature:		21. Approval/Certificate No.:	
17. Name (Typed or Printed): NELLIE ALVARADO		18. Date (m/d/y): NOV/30/2011		22. Name (Typed or Printed):		23. Date (m/d/y):	
User/Installer Responsibilities							
<p>It is important to understand that the existence of this document alone does not automatically constitute authority to install the part/component/assembly.</p> <p>Where the user/installer performs work in accordance with the national regulations of an airworthiness authority different than the airworthiness authority of the country specified in Block 1, it is essential that the user/installer ensures that his/her airworthiness authority accepts parts/components/assemblies from the airworthiness authority of the country specified in Block 1.</p> <p>Statements in Blocks 14 and 19 do not constitute installation certification. In all cases, aircraft maintenance records must contain an installation certification issued in accordance with the national regulations by the user/installer before the aircraft may be flown.</p>							